EXHIBIT 18

Expert Report
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Qualifications: I am a physician with board certification in both Occupational and Environmental Medicine and Internal Medicine. I received my medical degree from the State University of New York at Stony Brook, and have held faculty positions at the Schools of Medicine at Albert Einstein, Yale and George Washington Universities. Details of my education and training are set for in my curriculum vitae, attached as exhibit 1.

I have extensive experience in the diagnosis, epidemiology and treatment of asbestos-related diseases. I have been in occupational medicine practice for over 20 years, and a substantial part of my practice has always been devoted to examination of workers exposed to asbestos.

In addition, I have many years of experience in medical surveillance programs for asbestos. Since 1987 I have been the medical advisor to the Sheet Metal Occupational Health Institute Trust, a joint labor-management organization within the sheet metal industry established to provide medical examinations for sheet metal workers exposed to asbestos and other respiratory hazards. To date, SMOHIT has provided medical examinations to over 20,000 sheet metal workers, and is now the largest epidemiological database of asbestos-exposed workers in the country. I also developed similar medical screening programs for the Laborers National Health and Safety Fund and other construction trades, in conjunction with the Occupational Health Foundation. I currently serve as medical director for a Department of Energy-funded medical screening program to provide medical examinations for former construction workers at a number of former atomic weapons production facilities. In each of these programs I have designed procedures for detection of asbestos-related disease, and designed algorithms for the examining physicians to use in interpretation of the results. I have been active in efforts to improve validity and reliability of x-ray reading to detect asbestos related disease in the United States; this work included publication of a paper on variability between readers' classification of x-rays using the International Labor Organization Guide to Classification of Pneumoconiosis, based on an analysis of results from these screening programs [1].

I currently am medical director at The Center to Protect Workers Rights, a research institute devoted to improving health and safety in the construction industry. Because of my expertise in medical programs for asbestos-exposed workers, I participated in a working group with representatives from labor, industry, and insurance companies to develop medical criteria for Senate Bill 1125 and later versions, a bill that if enacted would establish a national trust fund for compensation of asbestos related disease in the United States.

Attached as Exhibit 1 is a true and correct copy of my current curriculum vitae, which sets forth my education, training, professional affiliations, research activities and publications.

(7) Each and every exposure to asbestos is a substantial contributing factor to the development of lung cancer

Development of lung cancer is a multi-stage process, including inactivation of a series of tumor suppressor genes along with activation of growth promoting factors, such as genes that promote blood vessel growth. Tumor suppressor gene inactivation usually requires at least two events: deletion of a large chromosomal DNA segment of one allele and a smaller mutational or epigenetic inactivation of the other allele. At the same time, there must also be a loss of the ability of the cells to repair DNA damage. Development of lung cancer occurs in a process of repeated injury and repair, until a point is reached at which the DNA damage escapes the repair mechanisms.

From epidemiology we know that the likelihood of a worker developing lung cancer after asbestos exposure is directly related to the dose of asbestos received. For example, the Helsinki criteria described above, and other subsequent studies, have found a least a doubling of cancer risk after 25 fiber-years of exposure, with risk of cancer increasing with increasing fiber years in a nearly linear fashion [31;40;65]. This clinical observation, that the risk of cancer increases with exposure to asbestos, is biologically consistent with the knowledge of the multi-stage process of cancer development.

Each and every exposure to asbestos is a substantial contributing factor to the development of lung cancer. There is no threshold below which we can say that there is no risk for lung cancer from asbestos exposure [36;66]. Because lung cancer is not uniquely caused by asbestos, experts often cite a level of exposure at which one can attribute a lung cancer to asbestos. What relative risk of lung cancer is used for attribution is a policy decision, not a biological one. Once a lung cancer has occurred and that cancer has been determined to be caused or contributed to by asbestos exposure, each and every exposure to asbestos was a substantial contributing factor in the development of that specific lung cancer.

(8) Each and every exposure to asbestos is a substantial contributing factor to the development of mesothelioma

As described above for lung cancer, mesothelioma also develops as a multi-stage process. And as with lung cancer, increasing exposure to asbestos increases the likelihood of the occurrence of mesothelioma. Each and every exposure to asbestos is a substantial contributing factor to the development of mesothelioma. There is no threshold, no level of exposure to asbestos below which there is no risk for mesothelioma [36;51;52;66;67].

In contrast to lung cancer, a mesothelioma in the setting of asbestos exposure can be found to have been caused by that asbestos exposure, for there are no other well established causes of mesothelioma other than asbestos.

(9) All fiber types of asbestos cause mesothelioma, lung cancer, and asbestosis.